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Mail registration to: Blacksburg Parks and Recreation Department, 615 Patrick Henry Drive, Blacksburg, VA 24060

Participant's Name _____ Age _____

Parents Name _____ PHONE # (H) _____ (O) _____

Street Address _____ City _____ State _____

1st Choice Activity # _____ 2nd Choice Activity # _____ 3rd Choice Activity # _____

Amount Enclosed \$ _____

Visa/Mastercard (circle one) _____ Exp Date: _____

Name on Card: _____

List any medical problems such as allergies, asthma, allergic reaction to bee stings, etc.

In case of emergency, when I cannot be reached, I give my permission for my child to receive appropriate medical or dental treatment.

Signed _____ Date _____

Parent or Guardian